

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01568

1587 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Calvert</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Prince Frederick</u>		<u>14 hrs</u>		TOWN <u>Barstow</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) <u>John Boot</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>2 7 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>—</u>	8. DATE OF BIRTH <u>Jan. 15 1956</u>	9. AGE last birthday yrs. <u>21</u>	IF UNDER 1 Year Months Days		IF UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Julius Boot</u>				14. MOTHER'S MAIDEN NAME <u>Bertha Owen</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Bertha Owen. Barstow, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
772.0 IMMEDIATE CAUSE (A) <u>MALNUTRITION</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not white at work <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> Not white at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 6, 1956</u> , to <u>Feb 7, 1956</u> , that I last saw the deceased alive on <u>Feb 7, 1956</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Carroll</u> M.D.				ADDRESS (Street, city, town, state) <u>5 + Herman</u>		DATE SIGNED <u>2/7/56</u>	
23. (BURIAL) CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <u>2-9-56</u>		NAME OF CEMETERY OR CREMATORY <u>Carroll</u>		LOCATION (City, town, or county) <u>Barstow</u> (State) <u>Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>H. W. Ward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. E. Sewell</u>		ADDRESS <u>Prince Fred, Md</u>	

2064201393

FEB 10 1956

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1588

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01569

Reg. Dist.

No. 51

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Cabaret</u>		MARYLAND		STATE <u>Ind</u>		COUNTY <u>Cabaret</u>	
CITY (If outside corporate limits write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)		OR TOWN	
X TOWN <u>Prince Frederick</u>				TOWN <u>Prince Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH			
(First) <u>Frank</u>		(Middle) <u>Brightwell</u>		(Last) <u>Brightwell</u>		5. DATE (Month) (Day) (Year) <u>2</u> <u>17</u> <u>1956</u>	
5. SEX: <u>M</u>		6. COLOR OR RACE: <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>W</u>		8. DATE OF BIRTH: <u>Feb. 11, 1910</u>	
9. AGE last birthday: <u>46</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>Cabaret County, Ind</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Tanning</u>				10b. KIND OF BUSINESS OR INDUSTRY: <u>Tanning</u>			
13. FATHER'S NAME: <u>Frank Brightwell</u>				14. MOTHER'S MAIDEN NAME: <u>Ada Fowler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO.: <u>3</u>			
17. INFORMANT & ADDRESS: <u>Mrs. Zora Brightwell-Prince Frederick, Ind.</u>							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
919.8 Immediate cause (a) <u>Gunshot wound of chest</u>							
Antecedent cause(s) (b) <u>Had been missing for 3 days</u>							
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: <u>Found dead in car in woods</u>							
19a. DATE OF OPERATION: <u>0</u>				19b. MAJOR FINDING OF OPERATION:			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY: <u>Home</u>		21c. (City or town) (County) (State) <u>Prince Frederick Cabaret Ind</u>			
21d. TIME (Month) (Day) (Year) (Hour) (Minute) <u>Feb 21/1956 6P M.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gun shot wound of chest</u>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE: <u>H. W. Ward</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>2/19/56</u> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>					
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF: <u>Feb. 21, 1956</u>		NAME OF CEMETERY OR CREMATORY: <u>Wesley Cemetery</u>		LOCATION (City, town, or county) (State): <u>Prince Frederick-Cabaret Co., Ind.</u>	
DATE REC'D BY LOCAL REG. <u>2-20-56</u>		REGISTRAR'S SIGNATURE: <u>H. W. Ward</u>		24. FUNERAL DIRECTOR: <u>G. G. Warkness & Son - Mutual, Ind.</u>		ADDRESS	

RECEIVED

FEB 23 1956

BUREAU V. S.

INSTRUCTIONS

1. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

2. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01570

1589 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Calvert</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Lusby</u>				TOWN <u>Lusby</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Amanda</u> (Middle) <u>Commodore</u> (Last)				(Month) <u>2</u> (Day) <u>13</u> (Year) <u>1956</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, (MARRIED,) WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Oct. 1</u>	9. AGE last birthday <u>66</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
					Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Andrew Johnson</u>				14. MOTHER'S MAIDEN NAME <u>Jennie Johnson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>David Commodore Lusby, Md</u>			
		(If Yes, give war or dates of service)					
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 IMMEDIATE CAUSE (A) <u>Cornary occlusion</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>(Heart failure)</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Hypertension c.v.d x. general sclerotic</u>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <u>4</u> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/1</u> , 19 <u>56</u> , to <u>2/13</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/13</u> , 19 <u>56</u> , and that death occurred at <u>4 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>R. Williams</u>		M.D.		ADDRESS (Street, city, town, state) <u>St. Johns</u>		DATE SIGNED <u>2/18/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <u>2-15-56</u>		NAME OF CEMETERY OR CREMATORY <u>St. Johns</u>		LOCATION (City, town, or county) (State) <u>Lusby Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>H. W. Ward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P.E. Sewell, Jr., Fred, Md</u>		ADDRESS	
DATE <u>2-14-56</u>							

15. CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD.

1. DEATH RECORD NO. (HONORARY DEATH)

2. PLACE OF DEATH

3. COUNTY

4. DATE

5. TIME

6. SEX

7. AGE

8. RACE

9. OCCUPATION

10. MARITAL STATUS

11. CAUSE OF DEATH

12. MANNER OF DEATH

13. PLACE OF BIRTH

14. DATE OF BIRTH

15. SEX

16. AGE

17. RACE

18. OCCUPATION

19. MARITAL STATUS

20. CAUSE OF DEATH

21. MANNER OF DEATH

22. PLACE OF BIRTH

23. DATE OF BIRTH

24. SEX

25. AGE

26. RACE

27. OCCUPATION

28. MARITAL STATUS

29. CAUSE OF DEATH

30. MANNER OF DEATH

31. PLACE OF BIRTH

32. DATE OF BIRTH

33. SEX

34. AGE

35. RACE

36. OCCUPATION

37. MARITAL STATUS

38. CAUSE OF DEATH

39. MANNER OF DEATH

40. PLACE OF BIRTH

41. DATE OF BIRTH

42. SEX

43. AGE

44. RACE

45. OCCUPATION

46. MARITAL STATUS

47. CAUSE OF DEATH

48. MANNER OF DEATH

49. PLACE OF BIRTH

50. DATE OF BIRTH

51. SEX

52. AGE

53. RACE

54. OCCUPATION

55. MARITAL STATUS

56. CAUSE OF DEATH

57. MANNER OF DEATH

58. PLACE OF BIRTH

59. DATE OF BIRTH

60. SEX

61. AGE

62. RACE

63. OCCUPATION

64. MARITAL STATUS

65. CAUSE OF DEATH

66. MANNER OF DEATH

67. PLACE OF BIRTH

68. DATE OF BIRTH

69. SEX

70. AGE

71. RACE

72. OCCUPATION

73. MARITAL STATUS

74. CAUSE OF DEATH

75. MANNER OF DEATH

76. PLACE OF BIRTH

77. DATE OF BIRTH

78. SEX

79. AGE

80. RACE

81. OCCUPATION

82. MARITAL STATUS

83. CAUSE OF DEATH

84. MANNER OF DEATH

85. PLACE OF BIRTH

86. DATE OF BIRTH

87. SEX

88. AGE

89. RACE

90. OCCUPATION

91. MARITAL STATUS

92. CAUSE OF DEATH

93. MANNER OF DEATH

94. PLACE OF BIRTH

95. DATE OF BIRTH

96. SEX

97. AGE

98. RACE

99. OCCUPATION

100. MARITAL STATUS

101. CAUSE OF DEATH

102. MANNER OF DEATH

103. PLACE OF BIRTH

104. DATE OF BIRTH

105. SEX

106. AGE

107. RACE

108. OCCUPATION

109. MARITAL STATUS

110. CAUSE OF DEATH

111. MANNER OF DEATH

112. PLACE OF BIRTH

113. DATE OF BIRTH

114. SEX

115. AGE

116. RACE

117. OCCUPATION

118. MARITAL STATUS

119. CAUSE OF DEATH

120. MANNER OF DEATH

121. PLACE OF BIRTH

122. DATE OF BIRTH

123. SEX

124. AGE

125. RACE

126. OCCUPATION

127. MARITAL STATUS

128. CAUSE OF DEATH

129. MANNER OF DEATH

130. PLACE OF BIRTH

131. DATE OF BIRTH

132. SEX

133. AGE

134. RACE

135. OCCUPATION

136. MARITAL STATUS

137. CAUSE OF DEATH

138. MANNER OF DEATH

139. PLACE OF BIRTH

140. DATE OF BIRTH

141. SEX

142. AGE

143. RACE

144. OCCUPATION

145. MARITAL STATUS

146. CAUSE OF DEATH

147. MANNER OF DEATH

148. PLACE OF BIRTH

149. DATE OF BIRTH

150. SEX

151. AGE

152. RACE

153. OCCUPATION

154. MARITAL STATUS

155. CAUSE OF DEATH

156. MANNER OF DEATH

157. PLACE OF BIRTH

158. DATE OF BIRTH

159. SEX

160. AGE

161. RACE

162. OCCUPATION

163. MARITAL STATUS

164. CAUSE OF DEATH

165. MANNER OF DEATH

166. PLACE OF BIRTH

167. DATE OF BIRTH

168. SEX

169. AGE

170. RACE

171. OCCUPATION

172. MARITAL STATUS

173. CAUSE OF DEATH

174. MANNER OF DEATH

175. PLACE OF BIRTH

176. DATE OF BIRTH

177. SEX

178. AGE

179. RACE

180. OCCUPATION

181. MARITAL STATUS

182. CAUSE OF DEATH

183. MANNER OF DEATH

184. PLACE OF BIRTH

185. DATE OF BIRTH

186. SEX

187. AGE

188. RACE

189. OCCUPATION

190. MARITAL STATUS

191. CAUSE OF DEATH

192. MANNER OF DEATH

193. PLACE OF BIRTH

194. DATE OF BIRTH

195. SEX

196. AGE

197. RACE

198. OCCUPATION

199. MARITAL STATUS

200. CAUSE OF DEATH

201. MANNER OF DEATH

202. PLACE OF BIRTH

203. DATE OF BIRTH

204. SEX

205. AGE

206. RACE

207. OCCUPATION

208. MARITAL STATUS

209. CAUSE OF DEATH

210. MANNER OF DEATH

211. PLACE OF BIRTH

212. DATE OF BIRTH

213. SEX

214. AGE

215. RACE

216. OCCUPATION

217. MARITAL STATUS

218. CAUSE OF DEATH

219. MANNER OF DEATH

220. PLACE OF BIRTH

221. DATE OF BIRTH

222. SEX

223. AGE

224. RACE

225. OCCUPATION

226. MARITAL STATUS

227. CAUSE OF DEATH

228. MANNER OF DEATH

229. PLACE OF BIRTH

230. DATE OF BIRTH

231. SEX

232. AGE

233. RACE

234. OCCUPATION

235. MARITAL STATUS

236. CAUSE OF DEATH

237. MANNER OF DEATH

238. PLACE OF BIRTH

239. DATE OF BIRTH

240. SEX

241. AGE

242. RACE

243. OCCUPATION

244. MARITAL STATUS

245. CAUSE OF DEATH

246. MANNER OF DEATH

247. PLACE OF BIRTH

248. DATE OF BIRTH

249. SEX

250. AGE

251. RACE

252. OCCUPATION

253. MARITAL STATUS

254. CAUSE OF DEATH

255. MANNER OF DEATH

256. PLACE OF BIRTH

257. DATE OF BIRTH

258. SEX

259. AGE

260. RACE

261. OCCUPATION

262. MARITAL STATUS

263. CAUSE OF DEATH

264. MANNER OF DEATH

265. PLACE OF BIRTH

266. DATE OF BIRTH

267. SEX

268. AGE

269. RACE

270. OCCUPATION

271. MARITAL STATUS

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01571

1590

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Calvert		STATE Maryland COUNTY Calvert		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
OR TOWN Prince Frederick		LENGTH OF STAY (in this place) 21 days		OR TOWN Prince Frederick		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital				STREET ADDRESS			
3. NAME OF DECEASED (First) (Middle) (Last) Ferdinand Lyles Freeland				4. DATE OF DEATH (Month) (Day) (Year) February 2 1956			
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH April 9, 1873		9. AGE last birthday 82 yrs.	IF UNDER 1 YEAR (Months) (Days) (Hours) 9 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George T. Freeland				14. MOTHER'S MAIDEN NAME Wilmina Lyons			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. no		17. INFORMANT & ADDRESS Mrs. Lillie Freeland - Prince Frederick, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
332X IMMEDIATE CAUSE (A) Cerebral thrombosis						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) Generalized arterio-sclerosis							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) acidosis							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 26, 1956, to Feb 2, 1956, that I last saw the deceased alive on Feb 2, 1956, and that death occurred at 8:50 A.M. from the causes and on the date stated above.							
SIGNATURE <i>Dr. William S. St. Leonard</i> M.D.				ADDRESS (Street, city, town, state) St Leonard		DATE SIGNED 2/2/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 4, 1956		NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery		LOCATION (City, town, or county) (State) Prince Frederick, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE H. W. Ward		25. FUNERAL DIRECTOR'S SIGNATURE Address A. A. Haskness & Son - Mutual, Ind.			
DATE 2-6-56							

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1591

01572
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 51

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Galvest</u> MARYLAND	STATE <u>MD</u> COUNTY <u>Calvert</u>		
CITY (If outside corporate limits write RURAL OR and give nearest town) <u>Island Creek</u>	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Island Creek</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED: (First) <u>Melvin</u> (Middle) <u>Raye</u> (Last) <u>Forman</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>5</u> (Year) <u>1956</u>	
5. SEX: <u>7</u>	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH: <u>July 14, 1934</u>
9. AGE last birthday: <u>1</u> yrs. <u>18</u> Months <u>18</u> Days <u>18</u> Hours <u>18</u> Min.		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	
11. BIRTHPLACE (State or foreign country): <u>Wash DC</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: <u>Melvin Forman</u>		14. MOTHER'S MAIDEN NAME: <u>Elise S. Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:	
17. INFORMANT & ADDRESS: <u>Melvin Smith, Island Creek, MD</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Pneumonia</u>			
Antecedent cause(s) (b) <u>Found dead in bed at 1030 PM</u>			
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>H. Ward</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>8/2/56</u> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	
23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF <u>2-6-56</u>	NAME OF CEMETERY OR CREMATORY <u>mt Hope</u>	LOCATION (City, town, or county) (State) <u>Seaboard Ind</u>
DATE REC'D BY LOCAL REG <u>2-6-56</u>	REGISTRAR'S SIGNATURE <u>H. W. Ward</u>	24. FUNERAL DIRECTOR <u>P.E. Sewell Prince Fred</u> ADDRESS <u>Ind</u>	

RECEIVED

FEB 7 1956

BUREAU V. 3

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1592

CERTIFICATE OF DEATH

01573

Reg. Dist. No. 51

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Calvert</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Prince Fred.</u>		<u>19</u>		TOWN <u>Owings</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>County Hosp.</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Lula</u> (Middle) <u>Gross</u> (Last)				2 - 29 - 19 56			
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday <u>44</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
					Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Wesley Jones</u>				14. MOTHER'S MAIDEN NAME <u>Mary Kent</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>William Gross Owings Md</u>			
		(If Yes, give war or dates of service)					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
331X IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage</u>						<u>2/7/56</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Hypertension</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/12</u> , 19 <u>56</u> , to <u>2/29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/29</u> , 19 <u>56</u> , and that death occurred at <u>5</u> P.M. from the causes and on the date stated above.							
SIGNATURE <u>Page Fred</u>		M.D. <u>Prince Frederick</u>		ADDRESS (Street, city, town, state)		DATE SIGNED <u>2/29/56</u>	
23. (BURIAL) CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <u>2-29-56</u>		NAME OF CEMETERY OR CREMATORY <u>St. Edmonds</u>		LOCATION (City, town, or county) (State) <u>Calvert Co., Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>H. W. Ward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P.E. Jewell</u>		ADDRESS <u>Prince Fred. Md</u>	
DATE <u>2-29-56</u>							

BUREAU V. S.

MAR 1 1956

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01574

1593 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY <i>Calvert</i>	MARYLAND		STATE <i>Maryland</i>	COUNTY <i>Calvert</i>	
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		
TOWN <i>Island Creek</i>			TOWN <i>Island Creek</i>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
(First) <i>E. L. Liza</i> (Middle) (Last) <i>Johnson</i>			(Month) <i>2</i> (Day) <i>19</i> (Year) <i>1956</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>Oct 16,</i>	9. AGE last birthday <i>82</i> yrs.	IF UNDER 1 YEAR
					Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>domestic</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13. FATHER'S NAME <i>Nelson Sanders</i>			14. MOTHER'S MAIDEN NAME <i>Flores Gantt</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS <i>James Johnson. Island Creek.</i>		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					INTERVAL BETWEEN ONSET AND DEATH
331X IMMEDIATE CAUSE (A) <i>Heart failure</i>					
ANTECEDENT CAUSE(S) DUE TO (B) <i>Hypertension and cerebral</i>					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <i>Hemorrhage</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>7:10</i> , 19 <i>56</i> , to <i>2:19</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>5-22-56</i> , 19 <i>56</i> , and that death occurred at <i>5:30</i> P.M. from the causes and on the date stated above.					
SIGNATURE <i>R. Williams</i>			ADDRESS (Street, city, town, state) DATE SIGNED		
23. BURIAL, CREMATION, REMOVAL (SPECIFY)			DATE THEREOF <i>2-22-56</i>	NAME OF CEMETERY OR CREMATORY <i>Brooks</i>	LOCATION (City, town, or county) (State) <i>Island Creek Md</i>
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>P. Z. Sewell</i> ADDRESS <i>P.O. Box 721, md</i>		
DATE <i>2-20-56</i>					

1503 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD

NAME OF DECEASED: [Faint text]

PLACE OF DEATH: [Faint text]

MARYLAND

COUNTY: [Faint text]

DATE OF DEATH: [Faint text]

TIME OF DEATH: [Faint text]

MONTH: [Faint text]

DAY: [Faint text]

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Department of Health, at Baltimore, Maryland, this [Faint text] day of [Faint text], 1956.

BUREAU V. R.

FEB 21 1956

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Check with local health officer for proper filing of this certificate and for instructions on procedure for death of
deceased. This certificate is valid only if filed with the local health officer within the time specified on the certificate.
This certificate is valid only if filed with the local health officer within the time specified on the certificate.
This certificate is valid only if filed with the local health officer within the time specified on the certificate.

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TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1594

CERTIFICATE OF DEATH

01575

Reg. Dist. No. 51

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Cabot</u>		MARYLAND		STATE <u>Ind</u>		COUNTY <u>Cabot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Prince Frederick</u>		<u>7 mo.</u>		OR TOWN <u>St. Leonard</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cabot County Hosp.</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) <u>Jennie M. Lyons</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1956</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>S</u>	8. DATE OF BIRTH <u>Mar. 13, 1877</u>	9. AGE last birthday <u>78</u> yrs.	IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Dorchester Co., Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>Thomas Thomas</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Brahaun</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT & ADDRESS <u>Mrs. Myrtle Williams, St. Leonard</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
260X IMMEDIATE CAUSE (A) <u>Acidosis</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>Diabetes Mellitus</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Generalized Sclerosis</u>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>July 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Amput right leg</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <u></u>		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 55</u> , 19 <u>55</u> , to <u>2-1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-2</u> , 19 <u>56</u> , and that death occurred at <u>St Leonard</u> , M., from the causes and on the date stated above.							
SIGNATURE <u>Rd Williams</u>				ADDRESS (Street, city, town, state) <u>St Leonard</u>		DATE SIGNED <u>1/2/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb. 3, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Miranda Cemetery</u>		LOCATION (City, town, or county) <u>Huntingtown, Ind</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>H. W. Ward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. A. Harkness & Son - Mutual, Ind</u>		ADDRESS	
DATE <u>2-2-56</u>							

1595 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Calvert</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Prince Frederick</u>				OR TOWN <u>Olivet</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) <u>Baby Girl Mackall</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>February 3 1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>		8. DATE OF BIRTH <u>February 2 1956</u>	
9. AGE last birthday yrs. <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Prince Frederick Md</u>	
10a.						12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Hilton Mackall</u>				14. MOTHER'S MAIDEN NAME <u>Jean Cross</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Jean Mackall, 9105 1st Rd</u>	
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
776X IMMEDIATE CAUSE (A) <u>Premature (6 1/2 months)</u>							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 2</u> , 19 <u>56</u> , to <u>Feb 3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb 3</u> , 19 <u>56</u> , and that death occurred at <u>11:30</u> M., from the causes and on the date stated above.							
SIGNATURE <u>J. Drullman</u> M.D.				ADDRESS (Street, city, town, state) <u>ST LEONARD</u>		DATE SIGNED <u>2/3/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2-4-56</u>		NAME OF CEMETERY OR CREMATORY <u>Private</u>		LOCATION (City, town, or county) (State) <u>Olivet, Calvert Co., Md.</u>	
24. REC'D BY REGISTRAR <u>H. W. Ward</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hilton Mackall - Olivet, Md.</u>		ADDRESS	
DATE <u>2-3-56</u>							

INSTRUCTIONS

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TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

2064232280

1955 CERTIFICATE OF DEATH

1. DECEASED'S NAME (Last, first, middle initial)

MARYLAND

DECEASED'S ADDRESS

DECEASED'S CITY

DECEASED'S STATE

DECEASED'S ZIP CODE

DECEASED'S DATE OF BIRTH

DECEASED'S SEX

DECEASED'S RACE

DECEASED'S RELIGION

DECEASED'S OCCUPATION

DECEASED'S MARITAL STATUS

DECEASED'S EDUCATION

DECEASED'S SOCIAL SECURITY NUMBER

DECEASED'S DATE OF DEATH

DECEASED'S TIME OF DEATH

DECEASED'S PLACE OF DEATH

DECEASED'S CAUSE OF DEATH

DECEASED'S MANNER OF DEATH

DECEASED'S SIGNATURE

DECEASED'S DATE OF SIGNATURE

DECEASED'S PLACE OF SIGNATURE

DECEASED'S DATE OF BIRTH

DECEASED'S SEX

DECEASED'S RACE

DECEASED'S RELIGION

DECEASED'S OCCUPATION

DECEASED'S MARITAL STATUS

DECEASED'S EDUCATION

DECEASED'S SOCIAL SECURITY NUMBER

DECEASED'S DATE OF DEATH

DECEASED'S TIME OF DEATH

DECEASED'S PLACE OF DEATH

DECEASED'S CAUSE OF DEATH

DECEASED'S MANNER OF DEATH

DECEASED'S SIGNATURE

DECEASED'S DATE OF SIGNATURE

DECEASED'S PLACE OF SIGNATURE

DECEASED'S DATE OF BIRTH

DECEASED'S SEX

DECEASED'S RACE

DECEASED'S RELIGION

DECEASED'S OCCUPATION

DECEASED'S MARITAL STATUS

DECEASED'S EDUCATION

DECEASED'S SOCIAL SECURITY NUMBER

DECEASED'S DATE OF DEATH

DECEASED'S TIME OF DEATH

DECEASED'S PLACE OF DEATH

DECEASED'S CAUSE OF DEATH

DECEASED'S MANNER OF DEATH

DECEASED'S SIGNATURE

DECEASED'S DATE OF SIGNATURE

DECEASED'S PLACE OF SIGNATURE

BUREAU V. 2

FEB 9 1956

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01577

1596

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Huntingtown</u> <u>Calvert County</u>		STATE <u>2nd</u> COUNTY <u>Calvert</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Huntingtown</u>		LENGTH OF STAY (in this place) <u>LIFE</u>		TOWN <u>Huntingtown</u>		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>JOHN</u> (Middle) <u>FRANKLIN</u> (Last) <u>NORFOLK</u>				(Month) <u>Feb.</u> (Day) <u>2</u> (Year) <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>M</u>	<u>WHITE</u>	<u>WIDOWED</u>	<u>JULY 13, 1871</u>	<u>84</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWNER</u>		11. BIRTHPLACE (State or foreign country) <u>HUNTINGTOWN, MD.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>THOMAS H. NORFOLK</u>				14. MOTHER'S MAIDEN NAME <u>ELIZABETH CROSS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u>		16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT & ADDRESS <u>EDWARD NORFOLK, HUNTINGTOWN, MD.</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
331X IMMEDIATE CAUSE (A) <u>Cerebral accident</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Hypertension</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/18</u> , 19 <u>56</u> , to <u>2/2</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/1</u> , 19 <u>56</u> , and that death occurred at <u>1:30</u> P.M. from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				ADDRESS (Street, city, town, state) <u>Huntingtown</u>		DATE SIGNED <u>2/2/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Buried</u>		DATE THEREOF <u>Feb 5, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Miranda</u>		LOCATION (City, town, or county) (State) <u>Huntingtown Md</u>	
24. REC'D BY REGISTRAR <u>2/5/56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	

CERTIFICATE OF DEATH

1932

TO BE FILLED BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH

NAME OF DECEASED
 SEX
 AGE
 DATE OF BIRTH
 PLACE OF BIRTH

RESIDENCE
 OCCUPATION
 CAUSE OF DEATH

DATE OF DEATH
 TIME OF DEATH
 PLACE OF DEATH

NAME OF PHYSICIAN
 NAME OF HOSPITAL
 NAME OF NURSE

NAME OF MINISTER OF THE GOSPEL
 NAME OF CHURCH
 NAME OF FUNERAL HOME

NAME OF CORONER
 NAME OF JURY
 NAME OF JUDGE

NAME OF COUNTY CLERK
 NAME OF TOWNSHIP CLERK
 NAME OF CITY CLERK

NAME OF STATE CLERK
 NAME OF DEPARTMENT CLERK
 NAME OF RECORDS CLERK

NAME OF ARCHIVE CLERK
 NAME OF LIBRARY CLERK
 NAME OF MUSEUM CLERK

NAME OF HISTORICAL SOCIETY CLERK
 NAME OF BOTANICAL GARDEN CLERK
 NAME OF ZOOLOGICAL GARDEN CLERK

RECEIVED

BUREAU V. 1

FEB 10 1956

RECEIVED

1597

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH a. COUNTY <i>Cabret</i> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Cabret</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Broomes Island</i>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Broomes Island</i>			
c. LENGTH OF STAY IN 1b <i>Life</i>				d. STREET ADDRESS <i>1</i>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>00</i>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <i>Annie</i> Middle <i>E.</i> Last <i>Rogers</i>				4. DATE OF DEATH Month <i>February</i> Day <i>21</i> Year <i>1956</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 14, 1862</i>	9. AGE (In years last birthday) <i>94</i> yns.	IF UNDER 1 YEAR Months <i>1</i> Days <i>7</i> Hours <i></i> Min. <i></i>	IF UNDER 24 HRS. Months <i></i> Days <i></i> Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Cabret County, Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>							
13. FATHER'S NAME <i>Richard Garner</i>				14. MOTHER'S MAIDEN NAME <i>Ann Elizabeth Ramsey</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>				16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>Ballard Rogers - Broomes Island, Md</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> <i>331X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Arterio Sclerosis</i> DUE TO (c) <i></i>				INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> p. m. <i></i>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				20g. (County)		20h. (State)	
21. I certify that I attended the deceased from <i>Dec. 1953</i> to <i>Feb. 21, 1956</i> , that I last saw the deceased alive on <i>Dec. 19, 1956</i> , and that death occurred at <i>M.</i> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>Prince Frederick, Md.</i> DATE SIGNED <i>PRINCE FREDERICK, MD.</i>							
ACTUAL SIGNATURE <i>Page C. Jett</i> M.D.				PHYSICIAN'S NAME (Type) <i>PAGE C. JETT, M.D.</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Feb. 24, 1956</i>		22c. NAME OF CEMETERY OR CREMATORY <i>Waters Memorial Cem. Island Creek - Cabret Co - Md</i>		22d. LOCATION (City, town, or county) (State) <i>Island Creek - Cabret Co - Md</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>A. A. Harkness & Son - Mutual, Md</i>				24a. REC'D BY REGISTRAR DATE <i>2-22-56</i>		24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1598

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH a. COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>—</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u> 3Y01-4 ✓	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>18</u>		d. STREET ADDRESS <u>3513 Esther Place</u> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Margaret</u> Middle <u>—</u> Last <u>Shitzer</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>24</u> Year <u>1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 15, 1871</u> 9. AGE (In years last birthday) <u>85</u> yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>0</u> Days <u>9</u> Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Michael Sanders</u>		14. MOTHER'S MAIDEN NAME <u>Anna ?</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u> 17. INFORMANT Address <u>Serille Morgan - Prince Frederick, Md</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral arteriosclerosis</u> <u>334X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>—</u> DUE TO (c) <u>—</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>—</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>19</u> p. m. <u>—</u>	20d. INJURY OCCURRED While <input type="checkbox"/> at work Nat while <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>4/6</u> , 19 <u>56</u> , to <u>2/24</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/24</u> , 19 <u>56</u> , and that death occurred at <u>7 P</u> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Page C. Jett</u> M.D. <u>Prince Frederick</u>		DATE SIGNED <u>2/25/56</u>	
PHYSICIAN'S NAME (Type) <u>PAGE C. JETT</u>		<u>PRINCE FREDERICK, M.D.</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>Feb. 27, 1956</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Oakawn Cemetery</u>	22d. LOCATION (City, town, or county) (State) <u>Baltimore, Md</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>A.A. Haskness & Son - Mutual, Md.</u> ADDRESS <u>—</u>		24a. REC'D BY REGISTRAR <u>—</u> DATE <u>2-27-56</u>	24b. REGISTRAR'S SIGNATURE <u>H. W. Ward</u>

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

FEB 29 1970

RECEIVED

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01580

1599 CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Calvert</i>		MARYLAND		STATE <i>Maryland</i> COUNTY <i>Calvert</i>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <i>Prince Frederick</i>		<i>4 days</i>		TOWN <i>Chesapeake Beach</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Calvert</i>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<i>Smith</i>				<i>2/27 1956</i>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH		9. AGE last birthday yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
<i>male</i>	<i>white</i>		<i>February 23, 1956</i>			<i>4</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
					<i>Maryland</i>		
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<i>Bobby Lee Holland</i>				<i>Greene Smith</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
776x IMMEDIATE CAUSE (A)				<i>Prematurity (6th month)</i>			
ANTECEDENT CAUSE(S) DUE TO				<i>(weight 1 lb 12 oz)</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19..... that I last saw the deceased alive on....., 19....., and that death occurred at.....M., from the causes and on the date stated above.							
SIGNATURE <i>Rd Willanet</i> M.D.				ADDRESS (Street, city, town, state) <i>St Remond</i>		DATE SIGNED <i>2/27</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>burial</i>		<i>2-28-56</i>		<i>St. Edmonds</i>		<i>Chesapeake Beach, Cal., Md.</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
<i>DATE 2-28-56</i>		<i>H. W. Ward</i>		<i>Bobby Lee Holland - Ches. Beach, Md.</i>			

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

2064212260

MARYLAND STATE DEPARTMENT OF HEALTH

01581

2411 N. Charles Street, Baltimore

1690

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH COUNTY <u>Calver</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Lusby</u> COUNTY <u>Calver</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lusby</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lusby</u>	
TOWN <u>Lusby</u>		TOWN <u>Lusby</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Lusby</u>		STREET ADDRESS (If rural, give location) <u>Lusby</u>	
3. NAME OF DECEASED (Type or Print) <u>MARY</u> (First) <u>EVELYN</u> (Middle) <u>TORNEY</u> (Last)		4. DATE OF DEATH <u>Feb.</u> (Month) <u>9</u> (Day) <u>1956</u> (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>3/16/1908</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>57</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
13. FATHER'S NAME <u>James B. Gray</u>		14. MOTHER'S MAIDEN NAME <u>Carrie Patterson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT AND ADDRESS <u>James Edward Torney</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331x Immediate cause (a) <u>Cerebral Hemorrhage</u>		<u>8 hrs</u>
Antecedent cause(s) (b) <u>Periility -</u>		<u>3 yrs</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		PLACE (Home, farm, factory, street, office bldg., etc.) <u>✓</u>	(CITY OR TOWN) <u>✓</u>	(COUNTY) <u>✓</u>	(STATE) <u>✓</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>✓</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>✓</u>			

22. I hereby certify that I attended the deceased from 12/6, 1955, to 7/9, 1956 that I last saw the deceased alive on 7/6, 1955, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE D.E. S. Foster ADDRESS Solomons, Md DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>7/11/56</u>	NAME OF CEMETERY OR CREMATORY <u>St. John M.E.</u>	LOCATION (City, town, or county) <u>Lusby, Md</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>7/9/56</u>	REGISTRAR'S SIGNATURE <u>D.E. S. Foster</u>	24. FUNERAL DIRECTOR <u>Pinkey Sewell, Prince Georges</u>	ADDRESS <u>Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 15 1956

BUREAU V. S.

1601

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH o. COUNTY <u>Calvert</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>md.</u> b. COUNTY <u>Calvert</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Huntingtown</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Huntingtown</u>			
c. LENGTH OF STAY IN 1b <u>Life</u>				d. STREET ADDRESS <u>100</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Annie</u> Middle <u>L.</u> Last <u>Trott</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>26</u> Year <u>1956</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 11, 1870</u>	
9. AGE (In years last birthday) <u>86</u> yrs.		IF UNDER 1 YEAR Months <u>0</u> Days <u>15</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HRS. Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Calvert Co. Md.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13. FATHER'S NAME <u>John H. Lyons</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth H. Lyons</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT <u>Jackson Trott, Huntingtown Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Failure & Decompensation</u> <u>422.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arteriosclerosis C.V. disease</u> DUE TO (c) <u></u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u></u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. <u>19</u> p. m. <u></u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from <u>1954</u> , 19 <u>56</u> , to <u>Feb 26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb 10</u> , 19 <u>56</u> , and that death occurred at <u>1 P</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>Huntingtown Md.</u> DATE SIGNED <u>Prince Frederick Md.</u>							
ACTUAL SIGNATURE <u>Page C. Jett</u> M.D. <u>Prince Frederick Md.</u>							
PHYSICIAN'S NAME (Type) <u>PAGE C. JETT</u>				<u>PRINCE FREDERICK, MD.</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Feb 28, 1956</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Miranda Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Huntingtown Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>A. C. Harkness Son, Mutual Md.</u> ADDRESS <u></u>				24a. REC'D BY REGISTRAR <u></u> DATE <u>2-28-56</u>		24b. REGISTRAR'S SIGNATURE <u>H. W. Ward</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

RECEIVED